

**STATE OF LOUISIANA
OFFICE OF FINANCIAL INSTITUTIONS
BATON ROUGE, LOUISIANA**

**APPLICATION AND INSTRUCTIONS FOR THE FOLLOWING LICENSES
UNDER THE LOUISIANA CONSUMER CREDIT LAW**

**LICENSED LENDER
INSURANCE PREMIUM FINANCE COMPANY
DEFERRED PRESENTMENT AND SMALL LOANS**

**THE FOLLOWING ITEMS MUST BE INCLUDED WITH THE APPLICATION.
INCOMPLETE APPLICATIONS WILL RESULT IN INCREASED PROCESSING TIME AND
POSSIBLE DENIAL OF THE APPLICATION.**

☐ A \$550 check or money order payable to the Office of Financial Institutions.

The following attachments must be originals:

☐ A completed, signed, and notarized Uniform Application. All blanks must be filled in (If N/A, so state)

☐ Two (2) Original Fingerprint Cards (including fingerprints, printed name, signature, social security number, and date of birth) and \$50 background processing fee. (Note: See Fingerprint Card Information form for instructions)

☐ Louisiana Police Bureau Criminal Identification and Information Form must be completed. Louisiana State Police will not process incomplete forms. Incomplete forms will be returned. (See Fingerprint Card instructions.)

☐ The original letter from your primary bank certifying that the applicant has at least \$25,000 unencumbered cash in the bank. A line of credit with at least \$25,000 unfunded credit is acceptable.

☐ Completed, signed Request to Expedite Issuance of License (if applicable). **Attachment [E]**

☐ Agent for Service of Process and Acknowledgement, signed and notarized. **Attachment [F]**

☐ Sample promissory note and federal disclosure statement for each type of loan made. **Attachment [G]**

☐ Completed Contact for Site Survey. **Attachment [H]**

☐ A current Financial Statement including balance sheet and statement of income and expenses signed by an officer of the company.

- **If planning to engage in any brokering activity in addition to consumer lending, applicant must submit disclosures required by 9:3572.11(A-B), a copy of the loan brokerage agreement between broker and borrower, affirmation agreement, employee verification form, and an authority to obtain information form for each person brokering loans. Contact this office for the forms.**

It is a violation of Louisiana Consumer Credit Law to advertise or make loans before the application is approved and a license is issued. If you intend to take assignments of consumer loans before your license is issued, prior written permission must be obtained from the Office of Financial Institutions. You may not take assignments of or otherwise acquire insurance premium finance agreements without first having obtained a license as an insurance premium finance company from the commissioner.

It is a violation of state law to operate before this license is issued. Operating prior to that time may subject you to an enforcement action.

Contact person regarding this application: Sandra Ledoux (225) 922-0638 sledoux@ofi.state.la.us

Applications may be hand delivered or mailed to:

**Office of Financial Institutions
8660 United Plaza Blvd – 2nd Floor
Baton Rouge, LA 70809**

**Office of Financial Institutions
P. O. Box 94095
Baton Rouge, LA 70804-9095**

INSTRUCTIONS

UNIFORM APPLICATION FOR LICENSURE/REGISTRATION

This application will not be considered complete until this Office receives all fees and required information. Failure to provide all documentation will result in increased processing time and possible denial of the application. All blanks must be completed. If N/A, so state.

- No. 1 Full legal name of entity. The only instance, in which the "applicant" may be a natural person, is if the applicant is a sole proprietorship. Otherwise, the "applicant" is a separate legal entity that will be conducting business. The name inserted on this line must be **identical** to the name filed with the Secretary of State from the state in which you are applying.
- No. 2 If applicant operates under a trade or assumed name, the name inserted on this line must be **identical** to the name that appears on the certificate of registration filed with the proper state authority in which the applicant is applying (e.g. Secretary of State) (In the city of New Orleans file with the register of conveyance).
- No. 3 Street address of the office location that will appear on the face of the license. (For Consumer Lender licenses this is the location at which loans will be made.)
- No. 4 The mailing address of the applicant, if different from No. 3. If same, so state.
- No. 5 Main office phone number, fax number, web site and/or e-mail address.
- No. 6 Check the type of organization. Attach copies of Certificate of Authority, Articles of Incorporation or Organization, Partnership Agreement and Bylaws, whichever is applicable.
- No. 7 Insert the state in which the applicant was originally registered and date that the applicant was incorporated, organized or formed.
- No. 8 Out-of-state applicants must submit documentation evidencing that your company/entity is authorized to do business in the state in which you are applying. (Registration Certificate from the proper authority such as the Secretary of State)
- No. 9 Please note: In order to maintain records detailed in the Records Retention Schedule at a different location than the physical address of the licensed location, it is necessary to submit a written request and be granted a variance to our Records Retention Schedule. If this address differs from the address listed in #3, this office will still assume all records listed in the Records Retention Schedule will be available at the licensed location.
- No. 10 Self-explanatory
- No. 11 Complete name, address, and phone number of the Registered Agent for Service of Process. (Sole Proprietor's put "N/A.") Registered Agent must be a person located in the state in which you are applying.
- No. 12 Self-explanatory
- No. 13 Self-explanatory
- No. 14 Self-explanatory
- No. 15 List the states in which the applicant/registrant is conducting or has conducted similar type of business.
- No. 16 List the name, title, complete address, and percentage of ownership of each director, manager, member, partner, sole proprietor, all 10% or greater equity owners and officer (CEO, CFO, COO, President, EVP, Secretary, Treasurer, or individuals of similar status or function). Additional sheets may be copied and attached, if necessary. For purposes of this application, "equity owners" includes stockholders, members, or general member if LLC, partners, or limited partners that own equity in the business seeking licensure. If applicant is a subsidiary, list requested information for parent company and all individual having 10% or greater of the parent.
- No. 17 Self-explanatory
- No. 18 Information concerning the parent company, if the applicant is a subsidiary and an organizational chart.

ALL ATTACHMENTS MUST BE SUBMITTED

LOUISIANA OFFICE OF FINANCIAL INSTITUTIONS
8660 United Plaza Boulevard, 2nd Floor
Baton Rouge, LA 70809
(225) 925-4660

FINGERPRINT CARD INFORMATION

Act 236 of the 2006 Regular Session of the Louisiana Legislature amended LSA-R.S. 6:121.2 effective June 2, 2006. This section authorizes the Commissioner of Financial Institutions to request and obtain state and national criminal history record information on any person applying for any license with the Office of Financial Institutions, as well as require any applicant for any license to submit two full sets of fingerprints in a form or manner prescribed by the Commissioner as a condition of the Commissioner's consideration of their application.

WHO MUST SUBMIT FINGERPRINT CARDS:

- 1) **Owner(s):** Sole Proprietors; partners and general partners, if partnership; trustees; members and general members, if an LLC; and 10% or greater equity owners.
- 2) **Director(s):** All directors.
- 3) **Officer(s):** Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, President, Executive Vice President(s), Corporate Secretary, Treasurer, or individuals of similar status or function.

NOTE: *Louisiana residents or persons listed in Question 16 of the Uniform Application who have had a license since June 2001 are not required to submit fingerprint cards at this time.*

WHAT MUST BE SUBMITTED:

- 1) Two original Form FD 258 fingerprint cards, or equivalent, which can be obtained from your local law enforcement office. All information on these cards must be completed. Louisiana State Police will not process incomplete cards. Incomplete cards will be returned.
- 2) \$50 nonrefundable criminal background processing fee made payable to the Office of Financial Institutions. (This fee is in addition to the application fee.)
- 3) Completed Authority to Obtain Information from Outside Sources form, signed and notarized (included in application package).
- 4) Louisiana State Police Bureau of Criminal Identification and Information Form. All information on this form must be completed. Louisiana State Police will not process incomplete forms. Incomplete forms will be returned. (Form attached).

IMPORTANT NOTICE

Applicants submitting fingerprint cards that are smudged or unreadable will be required to resubmit new cards at no additional cost. This will add to the processing time of the application.

REVISED 07/2006	UNIFORM APPLICATION FOR LICENSURE/REGISTRATION			TYPE OF LICENSE APPLIED FOR:
1.	Full legal name of applicant <i>(attach secretary of state certificate from the state in which you are applying)</i> :			
2.	Trade name, dba, or assumed name of applicant, if applicable: <i>(attach registration documentation/certificate)</i>			FED. TAX I.D.#:
3.	Principal Office Street Address:			
	City:	State:	Zip Code:	
4.	Mailing address (street or post office box):			
	City:	State:	Zip Code:	
5.	Business phone number:		Business fax number:	
	E-mail address:		Web site: www.	
6.	Type Of Organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other (Explain)	
7.	State/Commonwealth of Incorporation:		Date of Incorporation/Organization:	
8.	If a foreign corporation or other type of legal entity state the date that the entity filed with the proper state authority in which the applicant is applying. (e.g. secretary of state), if so required:			
9.	Physical address of location at which the official books and records of the applicant are kept:			
	City:	State:	Zip Code:	Phone No:
10.	Does applicant engage in any activity through electronic or automated mediums, such as the internet? () If yes, attach description of activity and web site address () No			
11.	Registered agent for service of legal process: <i>(must be located in state/commonwealth in which you are applying)</i>			
	Name:			
	Mailing Address:			
	City:	State:	Zip:	Phone Number:
12.	Person authorized to answer questions pertaining to this application:			
	Name:			
	Address:			
	City:	State:	Zip Code:	Phone No:
	E-Mail Address:		Fax No:	

13.	Person authorized to answer regulatory compliance issues:				
	Name:				
	Address:				
	City:	State:	Zip Code:	Phone No:	
	E-Mail Address:		Fax No:		
14.	Person authorized to answer consumer complaints:				
	Name:				
	Address:				
	City:	State:	Zip Code:	Phone No:	
	E-Mail Address:		Fax No:		
15.	List all states in which applicant is conducting or has conducted business related to this application: (attach list if necessary)				
	State or states in which business is/was conducted	Type of business conducted	Names under which applicant <u>is</u> or <u>has</u> operated	Original license date	Active or Inactive
16.	List all principal officers and title held, directors, partners, and members. (attach addendum if necessary)				
Name & Title		Principal Office Address		% Ownership	
Name & Title		Principal Office Address		% Ownership	
Name & Title		Principal Office Address		% Ownership	
Name & Title		Principal Office Address		% Ownership	
List all persons that have a 10% or greater equity interest not listed above.					
Name		Principal Office Address		% Ownership	
Name		Principal Office Address		% Ownership	
Name		Principal Office Address		% Ownership	

17.	Read the following questions carefully. If the answer is yes to any of the questions, attach a full written explanation. Include names, dates, court name and address, case number, judgement amounts.		
A.	Are there any civil or criminal proceedings pending against the applicant <u>or</u> civil or criminal convictions, plea of nolo contendere or plea to lesser charge entered against the applicant that involve theft, fraud, dishonest dealings or moral turpitude?	() Yes, attach explanation () No	
B.	Is/has the applicant ever been the subject of a bankruptcy, assignment for the benefit of creditors, receivership, conservatorship, or any similar proceeding?	() Yes, attach explanation () No	
C.	Has any other state or federal government agency denied the applicant a license?	() Yes, attach explanation () No	
D.	Is/has the applicant been the subject of any administrative action or enforcement proceeding by any state or federal government agency involving fines, penalties, or the revocation or suspension of any business license or permit?	() Yes, attach explanation () No	
18.	Is applicant a subsidiary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Parent company name:		
	Mailing address:		
	City:	State:	Zip Code:
	If applicant's parent company is a corporation, state where and when incorporated.		
	State Incorporated:	Date Incorporated:	
IN ADDITION TO ALL OF THE ABOVE, APPLICANT MUST SUBMIT THE FOLLOWING ATTACHMENTS:			
A.	Certificate of Resolution form stating who can sign official documents on behalf of the applicant.(See Attachment A)		
B.	Biographical / Authority Sheet completed and notarized for everyone listed in #16.(See Attachment B)		
C.	A current 10-year employment/experience form for everyone listed in #16 and sole proprietors.(See Attachment C)		
D.	Residence addresses for the last 10 years for everyone listed in #16.(See Attachment D)		
E.	Provide copies of the following, whichever are applicable: <ol style="list-style-type: none"> 1. Certificate of Good Standing from the Secretary of State or other state authority in which the applicant was originally incorporated or organized. 2. If applicant is a corporation, provide a copy of Articles of Incorporation, including amendments. 3. If applicant is a Limited Liability Company (LLC) provide a copy of the Articles of Organization and operating agreement. 4. If applicant is a general partnership or a Limited Liability Partnership (LLP) provide a copy of the Partnership Agreement. 		

APPLICATION AFFIDAVIT

Signed this _____ day of _____ 20_____.

Name of Company

By:

Signature of Authorized Person

Print Name and Title

STATE OR COMMONWEALTH OF _____
COUNTY /PARISH OF _____

_____ personally came and appeared before me, the undersigned
(authorized person above)
notary, and declared under oath that she/he is the _____ of
(Title)
_____, that she/he is authorized to sign and submit the attached
(Name of Company)
application and that all statements and representations made therein are true and correct to the best of
his/her knowledge, information and belief.

Signature of the authorized person

Sworn to and subscribed before me on this the _____ day of _____ 20_____.

Notary Public

Print Name of Notary Public

(Seal)

My Commission Expires: _____

CERTIFICATE OF RESOLUTION

This form must be completed by all applicants, except sole proprietors, and must include the applicant's full name, including trade name(s), D/B/A name(s), or assumed name(s), if applicable

This is to certify that at a meeting of the ☐ Board of Directors/or ☐ Members/ or ☐ Partners of

Full legal name of applicant/company
organized under the laws of the State/Commonwealth of _____ held at

_____, _____, _____, _____
Street address City State Zip Code

on the _____ day of _____ 20____, the following resolution was

duly and legally presented and adopted, to wit:

It being the desire and purpose of _____
Full legal name of applicant/company

to be licensed or registered, BE IT RESOLVED, that _____

Name of authorized representative
who is the _____ of this ☐ limited liability company, ☐ corporation,

Title of authorized representative
☐ limited partnership, or ☐ general partnership is, in his/her official capacity, hereby authorized

and directed to prepare, execute, verify, and present to the proper state authorities, for filing, a written application for licensure or registration. Further, he/she is hereby authorized and empowered to make, sign and execute all documents pertaining to the application and to perform every act whatsoever as required to file the application on behalf of _____.

Full legal name of applicant/company

AUTHORIZED SIGNATURE

(If corporation, this form must be signed by Secretary)

Print Name

TITLE : _____

DATE: _____

AUTHORITY TO OBTAIN INFORMATION FROM OUTSIDE SOURCES**THIS FORM MUST BE SUBMITTED FOR EACH PERSON LISTED IN QUESTION # 16**

Name:

Social Security #:

Home Address, City, State, Zip Code:

Date of Birth:

Home Telephone No:

Read the following questions carefully. If the answer is "yes" to any of the questions, attach a full written explanation. Include names, dates, court name and address, case number, judgement amounts.

Have any civil judgments been entered against you during the past 10 years?

() Yes, attach explanation () No

Are there any civil proceedings pending against you or civil judgements entered against you which involve fraud or dishonesty?

() Yes, attach explanation () No

Have you ever been convicted of, plead guilty to, or entered a plea of Nolo Contendere (no contest) to a felony, including any which may have been expunged, set aside or for which you received a first offense pardon?

() Yes, attach explanation () No

Have you ever been convicted of, plead guilty to, or entered a plea of Nolo Contendere (no contest) to any misdemeanor involving theft, fraud, or dishonest , including any which may have been expunged, set aside or which you received a first offense pardon?

() Yes, attach explanation () No

Have you been the subject of a bankruptcy, assignment for the benefit of creditors, receivership, conservatorship, or any similar proceeding?

() Yes, attach explanation () No

Have you been refused a license or permit to do business under the provisions of a similar law or subject to any enforcement proceedings by any State or Federal government agency involving the revocation or suspension of any business license or permit, fines or penalties?

() Yes, attach explanation () No

Have you been discharged for cause or been requested to resign from any employment position?

() Yes, attach explanation () No

I hereby authorize the licensing authority, to make inquiries from any financial institution, credit bureau or law enforcement agency for the purpose of determining his/her financial responsibility, character and fitness in connection with an application for a license or registration.

I hereby certify that the information on this form is, to the best of my knowledge, complete and accurate.

Signature

SUBSCRIBED BEFORE ME ON THIS _____ day of _____, 20 _____.

AT: _____,
(CITY)

(STATE or COMMONWEALTH)

PRINT NAME OF NOTARY PUBLIC:

SIGNATURE OF NOTARY PUBLIC:

**Louisiana State Police
Bureau of Criminal Identification and Information
Baton Rouge, Louisiana**

FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY

****FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION****

****PLEASE PRINT****

Louisiana Office of Financial Institutions

FACILITY OR AGENCY

Robert F. Brian

FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE

P.O. Box 94095

MAILING ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE

Baton Rouge, Louisiana 70804

CITY

STATE

ZIP CODE

(225) 925-4660

FACILITY OR AGENCY PHONE NUMBER

Request For: (pick one only)

- ☐ ADULT DAY CARE
- ☐ ADULT RESIDENTIAL
- ☐ ALCOHOL AND BEVERAGE COMMISSION
- ☐ ALCOHOL BEVERAGE OUTLET
- ☐ AMBULANCE SERVICE
- ☐ CASA
- ☐ CONCEALED HANDGUNS
- ☐ CRIMINAL JUSTICE EMPLOYEE
- ☐ DAYCARE
- ☐ DENTISTRY BOARD
- ☐ DEPARTMENT OF LABOR
- ☐ DEPARTMENT OF PUBLIC SAFETY
- ☐ EMPLOYERS
- ☐ FIREFIGHTERS
- ☐ GAMING
- ☐ HOME HEALTH AGENCY
- ☐ HOSPICE
- ☐ IMMIGRATION
- ☐ INTERMEDIATE CARE FACILITY FOR MENTALLY RETARDED
- ☐ JUVENILE DETENTION CENTER
- ☐ DEPARTMENT OF INSURANCE
- ☐ MANUFACTURED HOUSING

- ☐ MEDICAL EXAMINERS
- ☐ NURSING HOME
- ☐ OCS FOSTER/ADOPTIVE
- ☐ OCS PERSONNEL
- ☒ **OFFICE OF FINANCIAL INSTITUTIONS**
- ☐ OFFICE OF PUBLIC HEALTH
- ☐ PHARMACY BOARD
- ☐ POSTSECONDARY EDUCATION
- ☐ PRACTICAL NURSING
- ☐ PRIVATE ADOPTION
- ☐ PRIVATE INVESTIGATORS
- ☐ PRIVATE SECURITY
- ☐ PUBLIC HOUSING
- ☐ PUBLIC TAG AGENT
- ☐ REGISTERED NURSING
- ☐ RELIGIOUS ACTIVISTS
- ☐ RIVERBOAT PILOTS
- ☐ SCHOOL
- ☐ SENATE AND GOVERNMENTAL AFFAIRS
- ☐ TAXI DRIVERS
- ☐ USED MOTOR VEHICLE COMMISSION
- ☐ VOLUNTEERS WORKING WITH CHILDREN

APPLICANTS FULL NAME: _____

****PRINT – USE INK****

LAST

FIRST

MIDDLE

{INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE}

APPLICANTS SIGNATURE: _____

APPLICANTS SOCIAL SECURITY # ____ - ____ - ____ DATE OF BIRTH: ____ / ____ / ____

DRIVERS LICENSE # _____ & STATE _____ RACE _____ SEX _____

TYPE OF OFI LICENSE APPLIED FOR _____

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above.

Attachment [C]**EMPLOYMENT/EXPERIENCE HISTORY FOR THE LAST 10 YRS**

Each sole proprietor, officer, director, partner, member, manager and 10% or greater equity owner of applicant must fill out this form. You may submit your own resume' as long as it includes the information listed below. Explain any gaps in work history. *(Attach additional sheets, if necessary)*

NAME: _____

Employer Name and Address	Position/Brief Description of Duties	Start Date	End Date	Reason for Leaving

Attachment [D]**LIST RESIDENTIAL ADDRESSES FOR THE LAST 10 YRS**

Each sole proprietor, officer, director, partner, member, manager and each 10% or greater equity owner of applicant must fill out this form. *(Attach additional sheets, if necessary)*

NAME: _____

Residential Address	Start Date	End Date

REQUEST TO EXPEDITE ISSUANCE OF LICENSE

If you currently are licensed and applying for an additional location, you may request that the additional location's license be issued contingent upon the site survey. However, if the license is issued and the site survey reveals an address other than that shown in your application, you will be charged a \$100 relocation fee as provided in LSA-R.S. 9:3561.1(C) (1).

In addition, you may be ordered to cease those activities or be required to relocate to another location, if the site survey reveals activities which violate LSA-R.S. 9:3515.

Please list the physical address of the location for which you are applying:

If you agree with the above conditions, and want the license issued contingent upon the findings of the survey, please sign and date below.

Signature

Date

Title

AGENT FOR SERVICE OF PROCESS AND ACKNOWLEDGEMENT
(For Corporations, LLCs, and all Out-of-State Entities)

Louisiana Agent for Service of Legal Process:

(a) Name of Agent: _____
(Note: This should be the same as listed in question 11 of the application and as filed with the Louisiana Secretary of State.)

(b) Business Address: _____
City: _____ State: _____ Zip Code: _____

(c) Business telephone number: (____) _____

I hereby acknowledge and accept the appointment of registered agent for and on behalf of

Full legal name of Licensee

Signed by: _____
Registered Agent or Authorized Representative

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public

**Should the licensee/registrant change its Agent for Service of Process, a new
acknowledgement form reflecting such change is required to be submitted to this Office.**

Attachment [G]

ATTACH A SAMPLE PROMISSORY NOTE AND FEDERAL DISCLOSURE STATEMENT FOR EACH TYPE OF LOAN CHECKED BELOW		
NON REAL-ESTATE LENDING	MORTGAGE LENDING	BROKERING
<input type="checkbox"/> Consumer	<input type="checkbox"/> First Mortgage	<input type="checkbox"/> First Mortgage
<input type="checkbox"/> Insurance Premium Financing	<input type="checkbox"/> Second Mortgage	<input type="checkbox"/> Second Mortgage
<input type="checkbox"/> Small (Payday)	<input type="checkbox"/> Home Equity	<input type="checkbox"/> Non Real-Estate Consumer Loans

Attachment [H]

CONTACT FOR SITE SURVEY	
Individual to contact:	_____
Phone number:	_____
Estimated Opening Date:	_____
If the date is unknown, give a brief explanation. If the site is under construction, give an estimated date of completion. If the site is ready for immediate inspection, so state.	

OFFICE OF FINANCIAL INSTITUTIONS
POST OFFICE BOX 94095
BATON ROUGE, LA 70804-9095

MEMORANDUM

TO: All Prospective Licensees

FROM: Office of Financial Institutions Consumer Credit Division

RE: Sources of State and Federal Laws and Regulations Governing Consumer Lending

All persons who engage in the business of brokering or extending credit to individuals for personal, family or household purposes are subject to both state and federal laws governing these transactions. The following is a list of the major laws and regulations that affect these transactions and the sources from which copies may be obtained. **It is the applicant's responsibility to obtain all pertinent laws and regulations and adequately train employees to be knowledgeable of those laws and regulations. This list should be kept by the applicant for future reference.**

STATE LAW:

The **Louisiana Consumer Credit Law**, a compilation of Louisiana laws governing consumer credit transactions is available from:

Louisiana Finance Association
11918 Bricksome Avenue, Suite A
Post Office Box 40183
Baton Rouge, Louisiana 70835
Phone: (225) 295-1300

FEDERAL REGULATIONS:

Regulation Z - Truth in Lending
Official Staff Commentary on Regulation Z - Truth in Lending
Regulation B - Equal Credit Opportunity
Official Staff Commentary on Regulation B - Equal Credit Opportunity
Regulation C - Home Mortgage Disclosure
Fair Credit Reporting Act (available from FTC)
Fair Debt Collection Practices Act (FTC)
Federal Trade Commission regulation - Unfair Trade Practices (16 C.F.R. § 444 et. seq) (FTC)

The above information is available from the Board of Governors Federal Reserve System, 20th & C Streets N.W., Washington, DC 20551 **Phone: (202) 452-3000.**

How to Advertise Consumer Credit HUD address & telephone no.

Federal Trade Commission
Division of Credit Practices
6th and Pennsylvania Avenue, N.W.
Washington, DC 20580
Phone: (202) 326-3224

Department of Housing & Urban Development
Office of Lender Approval
451 7th Street S.W. Room 9146
Washington, D.C. 20140
Phone (202) 708-3976